

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE auction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF **CORRESPONDENCE ADDRESS** Application

Address to: Assistant Commissioner for Patents Washington, D.C. 20231

	times it displayed		
Application Number	09/864,115		
Filing Date	5-24-01		
First Named Inventor	INDRA LAKSONC		
Art Unit			
Examiner Name			
Attorney Docket Number	VIX 5 002		

Please change the Correspondence Address for the above-identified application to: Customer Number Place Customer Number Bar Code						
OR	Type Customer Number here Label here					
- /	T -					
Firm or Individual Name	GARLICK, HARRISON & MARKISON, LLP					
Address	P.O.BOX 160727					
Address						
City	AUSTIN	State	Tχ	ZIP 78716		
Country	USA					
Telephone	(5/2) 342-06	0/2 Fax	(5/2)	342-1674		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).						
I am the :	RECEIVED					
Applicant/Inv	ventor. JUN 2 4 2002					
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Attorney or Agent of record.						
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Typed or Printed Name TIMOTHY W. MARKISON						
Signature Charles Char						
6/12/02						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total offorms are submitted.						